

2ND ARIZONA STATEWIDE TRIBAL, IHS, AZDHS, CDC RMSF MEETING

HEALTH CARE COMMITTEE

Best practices on reporting to tribal, state, and local public health, investigation and follow-up of suspect RMSF cases, treating human RMSF cases and addressing clinical education

Glenda Davis, Chair

Veterinary & Livestock Program Director
Navajo Nation

Brian Hamilton, RN, BSN, LCDR

Infection Control Officer, IHS
San Carlos Apache Tribe

Jennifer McQuiston, DVM, MS, DACVPM

Epidemiology Activity Lead / Rickettsial Zoonoses Branch
Centers for Disease Control and Prevention

Eva Ybarra

PHEP Coordinator
HHS, Tohono O'odham

David Civic, MD, PAO

Director, Quality Management
Phoenix Indian Health Service

Darren Vicenti, MD

Chief Medical Officer
IHS, Hopi HHC/MO

Marc Traeger, MD

Medical Officer and Acting Clinical Director, IHS
Whiteriver Apache Indian Community

Sue Ellen McGee, MD

Medical Doctor
Salt River Pima-Maricopa Indian Community



RESOURCES NEEDED TO MAINTAIN CURRENT EFFORT

Human Health Care

For high impacted reservation lands

(16+ cases; areas w/ >50% canine seroprevalence)

- Mandatory use of algorithm, daily ED log review and automatic notifications
- Mandatory training of physicians, PA, Public Health Nurses
- Appointment of RMSF infectious control MD & Public Health Nurse for each healthcare facility
- RMSF patient transfer protocol developed to educate healthcare professionals
- Develop incentive for patients to return for convalescent blood sampling – Paired blood sample is very important
- Development of patient friendly education while at the hospital to understand what is happening with their family member



RESOURCES NEEDED TO MAINTAIN CURRENT EFFORT

Human Health Care

For low impacted reservation lands

(1 cases; areas w/ 20-50% canine seroprevalence)

- Establish weekly ED log review and ensure suspect patients are treated & tested
- Develop incentive for patients to return for convalescent blood sampling – Paired blood sample is very important
- Development of patient friendly education while at the hospital to understand what is happening with their family member



RESOURCES NEEDED TO MAINTAIN CURRENT EFFORT

Human Health Care

For at risk reservation lands

(no human cases – at risk; areas w/ <20% canine seroprevalence)

** CDC working on threshold analysis of RMSF risk*

- Focus on MD, PA, and public health nursing staff RMSF education and training on diagnostic testing
- Proactive measures - Education to general public on integrated pest management: decrease the number of dogs, treatment for the tick, debris removal, tick checks and use of DEET products



EFFORTS NEEDED TO IMPROVE PREVENTION AND CONTROL OF RMSF

Human Health Care

For high impacted reservation lands

(16+ cases; areas w/ >50% canine seroprevalence)

- Limited high-level oversight of the clinical care relative to RMSF (reactionary rather than proactive) especially within the Phoenix region
- Highest level of response (algorithm plus ED log) not reviewed as sustainable, since only one person is tasked with doing it – Need to institutionalize.
- Communication.....communication.....communication between healthcare facility, state, & tribe
- Document search of records especially when canine seroprevalence is >50% - something is happening in the community working with healthcare facility with possible consultation with CDC



EFFORTS NEEDED TO IMPROVE PREVENTION AND CONTROL OF RMSF

Human Health Care

For low impacted reservation lands

(1 case; areas w/ 20-50% canine seroprevalence)

- Activity at a healthcare facility is currently very person-dependent (only works with an enthusiastic staff member is identified)
- Lack of required/mandatory MD, PA and nursing staff training on RMSF.
- Develop incentive for patients to return for convalescent blood sampling – Paired blood sample is very important
- Need dedicated field staff point of contact to complete follow up homecare visit; assess environment



EFFORTS NEEDED TO IMPROVE PREVENTION AND CONTROL OF RMSF

Human Health Care

For at risk reservation lands

(no human cases – at risk; areas w/ <20% canine seroprevalence)

- Coordination of human resource educators to get to each community and provide education.
- For tribal leadership within local communities to understand and provide enough time within meetings, sessions...etc to provide RMSF critical education to the people.
- Tribal departments and divisions to actively educate all employees.
- RMSF educational outreach in schools is critical.



PRIORITIZING RESOURCES

HUMAN HEALTH CARE

For ALL levels of impact:

- RMSF patient transfer protocol developed to educate healthcare professionals and ensure the safety of the tribal member. Follow up to ensure treatment continues.
- Indian Health Services to require 1 hour CME for all MD, PA & nursing staff providing care to Arizona and New Mexico Tribes
- Request that the AZ Department of Health communicate with the American Medical Association to CEU requirement contingent for license renewal for all medical professionals.
- For AZ Department of Health to establish appropriate protocols for lab testing & reporting: which labs, mandatory reporting / notification to state, healthcare facility & tribe points of contact.



PRIORITIZING RESOURCES

HUMAN HEALTH CARE

For high impacted reservation lands (16+ cases; areas w/ >50% canine seroprevalence)

- Mandatory algorithm and treatment of all suspect patients to reduce morbidity and mortality
- Appointment of RMSF infectious control MD & Public Health Nurse for each healthcare facility
- RMSF patient transfer protocol developed to educate healthcare professionals
- Develop incentive for patients to return for convalescent blood sampling – Paired blood sample is very important
- Communication from Tribes about risk status, in order to procure the highest level of proper clinical care.



PRIORITIZING RESOURCES

HUMAN HEALTH CARE

For low impacted reservation lands (1 case; areas w/ 20-50% *canine seroprevalence*)

- RMSF treatment of all suspect patients to reduce morbidity and mortality.
- Establish a chain of command for referral cases and point of contact for follow up.
- Home assessment is a valuable tool that can save lives and communities.
- Count cases – to track cases and identify areas needing environmental intervention through diagnostic testing strategies.



PRIORITIZING RESOURCES

HUMAN HEALTH CARE

For at risk reservation lands (*no human cases – at risk; areas w/ <20% canine seroprevalence*)

- Establish a clinical task force involving all areas: high, low & at risk
- Develop protocol for ED reviews, automatic flags for doxy prescription & testing, convalescence testing
- CME for all healthcare providers on RMSF clinical presentation, risk factors and epi information
- Laboratory protocols and reporting between healthcare facility, state & tribe



Q & A

THANK YOU